

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	E-11		11-29-01
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	1MD	579	12/28/01
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
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23	23	✓	✓
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31	31	✓	✓
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42	42		
43	43	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/28/01